SAN BERNARDING

County of San Bernardino

				FOR C	COUNTY	USE OI	NLY					
X New Char	nge	Vendor Code				Dept.	Α	Contract Number				
County Department					Dept.	Orgr	n.	Contractor's License No.				
Public Health				PHL								
County Department Contract Representative					Telephone			Total Agreement Amount				
Alexander Taylor					388-5727			\$13,400				
Reve		Encumbere		Jnencumber		Type Other:						
If not encumbered or revenue contract ty Commodity Code Contract				t Start Date				Original Am	nunt	Amendment Amount		
	Jillilodity C	ouc	Contrac	t Glart Date	Oomiac	t End D	aic	Oliginal Alli	Junt	Amenament	Amount	
Fund	Dept.	ot. Organization Ap		Appr.	Obj/Re	Obj/Rev Source		GRC/PROJ/JOB No.		Amour	nt	
AAA	PHL	0800	1		915	0		93380)	13.40	00	
Fund	Dept.	Organi	zation	Appr.	Obj/Re	v Sourc	e	GRC/PROJ/JC)B No.	Amour	nt	
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Fund	Dept.	Organi	zation	Appr.	Obj/Re	v Sourc	e	GRC/PROJ/JC	B No.	Amour	nt	
			Ì									
Project Name				Estimated Payment Total by Fiscal Year								
CFHC-Title X				FY		mount		I/D FY		Amount	I/D	
Implementation of C				04-05	\$	13,40	0					
Revised FPAR												
Paguiromento				-			_					

County of San Demardino	Alexander Taylor					300-3121	ψ13, 4 00				
FAS	Revenue Encumbered Une				Jnencumber	Contract Type ed Other:					
	If not encumbered or revenue contract type, provide reason:										
CONTRACT TRANSMITTAL	· ·			t Start Date Contract End D		e Original Amount		Amendment Amount			
	Fund Dept. Organization		zation	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount			
	AAA	PHL	0800		7,661.	9150	93380		13.400		
	Fund Dept. Organization		Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount				
	Fund Dept. Organization		Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount				
		Project	Name			Estimated Pa	avment	Total by Fiscal	l Voor		
	CEHC	-Title X	INAITIC		FY	Amount	mated Payment Total by Fiscal ount I/D FY				
							1/0	гі	Amount	I/D	
	impiei	<u>mentatio</u>	n oi		04-05	<u>\$13,400</u>				- —	
	Revis	ed FPAF	₹							<u> </u>	
	Requi	rements	;			_					
CONTRACTOR California Fam	nily Heal	lth Coun	cil								
Federal ID No. or Social Security No.											
Contractor's Representative Arna M. Fulcher, Chief Financial Officer											
Address 3600 Wilshire Boulevard, Suite 600, Los Angeles, CA 90010 Phone (213) 386-5614											
Nature of Contract: (Briefly describe the general terms of the contract)											
(Attach this transmittal to all co	15^{1}	S N	OT Spared o	A (Spring)	A C	OVER AL ON	LY	for the peri	od of Octo	ber 8,	
Approved as to Legal Form (sign in blue in	k)	Reviewed	as to Cor	trāct Cor	mpliance	Preser	nted to I	BOS for Signati	ıre		
_	DAI'										
County Counsel						Department Head					
County Counsel	1,					Depan	рерантен пеас				
ate Date						Date					

Auditor/Controller-Recorder Use Only						
☐ Contract Database ☐ FAS						
Innut Date	Keyed By					

☐ Contract Datab	oase □ FAS
Input Date	Keyed By